South Carolina Workers' Compensation Commission SELF-INSURANCE DIVISION

1612 Marion St. • P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5706



CORPORATE GUARANTY

| KNOW ALL MEN BY THESE PRESENTS, that we, | (PARENT), a corporation existing under and by virtue |
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| of the laws of the State of, do hereby guarantee pa | yment by the (SUBSIDIARY) of the |
| compensation provided for under the compensation provisions of the Workmen's Compensation and Occupational Disease Acts of | |
| the State of South Carolina in the event that said | (SUBSIDIARY) shall not pay or cause to be paid direct to its |
| employees the compensation due or that may become due under | er Acts, that the undersigned (PARENT) |
| covenants and agrees that it will pay all such employees of the | (SUBSIDIARY) such compensation, including a |
| reasonable attorney's fee incurred by said employee in any action brought on this agreement, with the express agreement and | |
| understanding as a condition of precedent to the execution and acceptance of this agreement, that it is for the benefit of | |
| unknown and unnamed employees of the said | (SUBSIDIARY) and that said employees are hereby empowered |
| to maintain direct action on this agreement or guaranty, and that the said (PARENT) does hereby recognize | |
| this agreement as a direct financial guarantee to said employees | s, provided further that (PARENT) shall have a |
| right to cancel and terminate this agreement at any time upon giving the South Carolina Workers' Compensation Commission and | |
| the (SUBSIDIARY) at least sixty days written notice of its desire so to do; such cancellation, however, not to | |
| affect its liability as to any compensation for injuries occurring prior to ten days after the date of the cancellation specified in such | |
| notice. This agreement shall be effective as of the day of | |
| Signed, sealed and delivered this day of | |
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| | |
| By: | Title: |
| | |
| Attest: | (CORPORATE SEAL) |